

## CONSTITUENT ASSISTANCE FORM

*(Please be sure to fill out this form in its entirety print it and send it to the district office via mail or fax)  
(For pdf form)*

**Name\***

**Address\***

**City\***

**Zip Code\***

**Phone**

**Fax**

**Email\***

*\*Required information*

**Are you filling out this form for someone else?    Yes                      No**

**Have you contacted any other government or legislative office regarding this matter?   Yes                      No**

**Please select the are in which you are requesting assistance. Please include any pertinent information to your case include file numbers and other identification numbers.**

- ☐ **Department of Motor Vehicles (DMV)**
- ☐ **Employment Development Department (EDD)**
- ☐ **Franchise Tax Board (FTB)**
- ☐ **HMO/Health Organizations**
- ☐ **Department of Child Support Services**
- ☐ **Other State agency or Department -----**
- ☐ **Local Issue (*trash services, food stamps, parking tickets, etc.*) -----**
- ☐ **Federal Issue (*immigration, social security, IRS, etc.*) -----**

**Brief explanation of the problem:**

*In accordance with the Privacy Act, I hereby authorize the 46<sup>th</sup> Assembly District Office to make inquiries on my behalf and facilitate the transfer of information to and from the federal, state, and local agencies processing this request for assistance.*